

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470

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LOBBYIST REGISTRATION FORMSTATE OF HAWAII (Type or Print Clearly) STATE ETHICS COMMISSION:

PART I LOBBYIST		Fillit Cleany)	
NAME (Last)	(First)	(Middle)	TELEPHONE
Char	Susan	· M	808-543-5865
MAILING ADDRESS (Street)			FAX 808-203-1635
- P. O. Box 2750			EMAIL susan.char@heco.com
(City)	(State)		(Zip Code)
Honolulu	Hawaii		96840
EMPLOYING ORGANIZATION (Fill	in only if you are employed by a business e	ntity which has been retained	to lobby) TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)		(Zip Code)

PART II ORGANIZATIO	N	
NAME OF ORGANIZATION YOU	TELEPHONE 808-543-5860	
Hawaii Electric Light Cor		
MAILING ADDRESS (Street)		FAX 808-203-1636
P. O. Box 1027		EMAIL
(City)	(State)	(Zip Code)
Hilo	Hawaii	96721-1027
NAME OF PERSON RESPONSIBLE	TELEPHONE	
Marcia Wright		808-543-5860
MAILING ADDRESS (Street)		FAX 808-203-1636
P. O. Box 2750		EMAIL marcia.wright@heco.com
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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
Agriculture	☐ Education	Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation			
Consumer Protection & Cammerce	Hawaiian Affairs	✓ Labor & Employment				
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections				
PART IV CERTIFICATION OF LOBBYIST						
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
5/m M (1/17/13						
	(Signature of Lobbyist) (Date)					
<u></u>	(Oignature or Lobbyist)		(Date)			
PART V AUTHORIZAT	ON TO LOBBY					
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Molly M. Egged	Secretary					
NAME OF ORGANIZATION (if a	applicable)		TELEPHONE			
Hawaiian Electric Company			808-543-7738			
MAILING ADDRESS (Street)			FAX			
P. O. Box 2750			EMAIL nolly.egged@heco.com			
(City)	(State)		(Zip Code)			
Honolulu	Hawaii		96840			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
(Signature of A	uthorizing Officer or Person Repres	ented)	(Date)			

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